



# San Antonio

April 19, 2006



Citizens' Health Care Working Group

HEALTH CARE  
THAT WORKS FOR ALL  
AMERICANS

## OVERVIEW

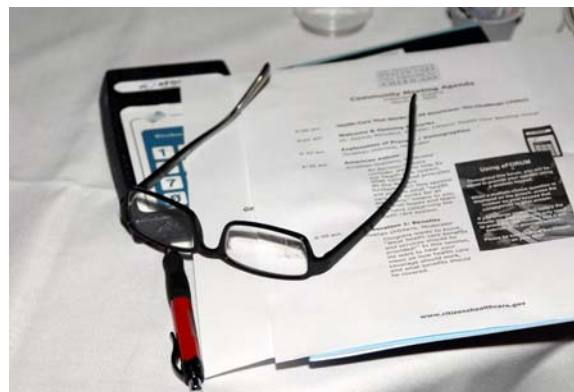
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Residents of Texas came together on Wednesday April 19<sup>th</sup> - a hot spring evening – to explore what should be done to improve the country's ailing health care system. These folks were participants at the Citizens' Health Care Working Group's San Antonio meeting. The meeting participants supported the idea of broad access to health care for individuals and a health care system that would provide health care for everyone.

The more than 140 participants debated what they believed were the necessary components of an effective health care system and how government, business, and citizens could achieve this goal.

Meeting participants voted in large numbers in support of a universal health care system. However, there was less agreement on how this type of system would work. During small group table discussions, participants dealt with difficult questions on how best to create and run a universal health care system. Participants expressed a variety of opinions about the role that individuals/families, health care providers, and the financial market should play in this type of a health care system.

*"What we're talking about is great, but HOW to do it is not easy."*



### Citizens' Health Care Working Group Community Meetings

Kansas City, Missouri  
Orlando, Florida  
Baton Rouge, Louisiana  
Memphis, Tennessee  
Charlotte, North Carolina  
Jackson, Mississippi  
Seattle, Washington  
Denver, Colorado  
Los Angeles, California  
Providence, Rhode Island  
Miami, Florida  
Indianapolis, Indiana  
Detroit, Michigan  
Albuquerque, New Mexico  
Phoenix, Arizona  
Daytona Beach, Florida  
Upper Valley, New Hampshire  
Hartford, Connecticut  
Des Moines, Iowa  
Philadelphia, Pennsylvania  
Las Vegas, Nevada  
Sacramento, California  
**San Antonio, Texas**  
Fargo, North Dakota  
New York, New York  
Lexington, Kentucky  
Little Rock, Arkansas  
Cincinnati, Ohio  
Sioux Falls, South Dakota



## SESSION FINDINGS

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### **Values**

*"I have worked in this system as a physician for 30 years. Starting as a strong conservative - health care is a privilege . . . available to those who can pay for it - to now a frustrated inner-city provider taking care of the underserved, Hispanics, legal and illegal immigrants, and the working poor. But, the system doesn't work; I want to help to change it."*

*"I have personally seen much better systems in both Japan and Germany. Why can't we do it here? I think in this nation we all need to adopt the mindset that health care is a right, not a commodity or a privilege."*

When asked about the underlying values that characterize a health care system that would work for all Americans, the majority of participants selected "access for all". San Antonio residents agreed that the health care system has serious problems. As one participant put it, "health care is in a crisis and projected to get worse." Meeting participants also agreed that it should be public policy for all Americans to have affordable health care coverage.

Of the dozen different values that discussion tables suggested, those that received the most support from the entire group were: "affordable universal health care for everyone, including illegal immigrants" (35 percent); universal access regardless of financial need and choice of providers (15 percent); and promoting access as a right without regard to racial, gender, financial, or educational background (11 percent). At one table, participants agreed that Americans need more education about healthy lifestyles and access to preventative care to decrease the amount of health care needed down the road. As one person said, "Providing primary and preventive care to all is a way to avoid the need for more advanced care for more serious conditions later."

### **Benefits**

*"Provide a defined level of services for everyone; this would be more efficient, cost effective, and would promote prevention. The current system discriminates, is expensive, lacks portability, and can't be equitably adjusted."*

Most participants (93 percent) preferred a system of care in which everyone would receive some defined level of services rather than the current system of categorical coverage. Participants clearly wanted a universal system that addressed the needs of the greatest number of people. Some people supported the idea of a single payer system, but not all agreed; others pointed out that requiring everyone to participate in an "all player system" was necessary. "Inefficiencies are rampant in the current market structure with an increasing, unwieldy, and inadequate for-profit insurance industry." Some participants suggested a compromise approach that would include a basic level of care for everyone combined with personal responsibility. "Those with additional resources could pay for additional care, if they choose," they said. Basically, participants wanted simplicity, portability, and the assurance that everyone, regardless of (changing) circumstances, would have health care coverage through one means or another.

An intriguing suggestion was the creation of “consumer maintenance organizations” or “CMOs.” These would be “similar to HMOs but with greater flexibility. For example: provide for higher copays, deductibles and coinsurance to make plans more suitable for each need. Blend health savings account type plans with this, especially with preventive benefits.”

### **Getting Health Care**

*“When one is uninsured, one has no hope of getting well. A patient of mine went six weeks without insulin due to having to decide to pay a delinquent pharmacy bill or pay her light and gas bill. Health care should be delivered without regard to race, color or residential status.”*

Over half the participants selected cost as the chief obstacle to getting health care (33 percent agreed that “inability to pay” was the key issue and 22 percent indicated “cost of care” as the main problem). A quarter of the participants (25 percent) chose the complexity of the health care system and the difficulty in navigating it as a major obstacle to getting care. Other obstacles listed were: inconsistent quality; inadequate transportation; limited local facilities offering primary care; and not enough education to prevent chronic diseases such as diabetes.

#### **Difficulties in Getting Health Care**

“We have a lady that comes in and cleans our house and she’s never even heard of SCHIP and doesn’t have a clue about what that is.”

“There are two classes of people; those who have somewhat decent health insurance and then there are the underclass who may not be poor and are working, but they have difficulty and face all the problems including the short amount of time doctors spend with you. Getting the Information you need is also problem although cost is the major one.”

### **Financing**

*“Affordability is the biggest issue; I’ve been self-employed most of my life and I have a healthy lifestyle; however, I have to pay high costs for limited coverage. My husband has eight employees and he is struggling to pay for their health care.”*  
*“End-of-life care is exorbitantly expensive and some of this is a question of education and reorientation of our thinking about what is necessary.”*

When asked about the responsibilities of individuals and families in paying for health care, participants suggested that people should educate themselves and utilize health care wisely, and that there should be a “partnership” between families, government and health care providers. Some participants did not like the question and felt that such a partnership used to exist but that the system was breaking down. Others regarded it as unrealistic to expect individuals to be the primary solution when, in some cases, many family members were working several jobs and were limited in what more they could do. A student suggested that universal health care was a better option than the current system, where students are on their own for coverage. Several participants indicated that doing away with health insurance companies’ role as middlemen could save 14% in unnecessary administrative expenditures. For many participants, advancing a non-profit insurance system was a desirable goal.

Other options suggested by participants for improving how health care is financed included: using the tax system to achieve more equitable contributions to health care costs; providing for “sliding copays based on ability to pay and usage”; making sure that government, employers, and families all pay a fair share of the costs;

establishing copays based on need and means testing; using the market-based system and debit cards; providing tax credits for employers to establish wellness and fitness centers; and, finally (and to spontaneous applause), eliminating for-profit insurance.

Three-quarters of the participants supported the concept of an individual mandate, agreeing that everyone should be required to enroll in health care. A participant who did not agree with this idea argued that “living is not a choice, unlike getting a driver’s license, which is voluntary.”

Participants were split on whether government should continue to use tax provisions to encourage employers to provide health care coverage. Half (48 percent) did not like the question and abstained because they felt that neither option represented their real preference - a universal system for which everyone shared responsibility. For example, one person who objected to the question wrote: “only when we restructure the system with coherent health policy focused on primary care infrastructure will we be able to discuss innovative payment schemes.” The next largest group (38 percent) voted against continuing such tax provisions. Reasons they gave for opposing employer-based tax incentives included: it doesn’t work for part-time workers and the unemployed; it’s more expensive; there wouldn’t be so many uninsured with another system; and, the need to find a more effective way of spreading insurance risk, based on a system financed by both government and individuals. “If we’re going to have universal access you need to recreate a financing system that spreads the costs equitably; it’s all about priorities.”

## ***Tradeoffs***

*“Make everyone (who can afford it) pay, in return for the right to health care.”*

*“Trade high tech care of the elderly for care of all children first.”*

*“Give up some personal choice for more cost efficient health care.”*

Participants struggled with the concept of and the need for tradeoffs. While, most could agree that health care should be guaranteed or a right or automatic, they did not agree that this right or guarantee should be paired with an individual requirement to enroll in health care. The concept of shared risk was not one they all understood. Participants were somewhat wary of the concept of “mandated” participation, expressing concern that this could be misconstrued by organizations that would hold decision-making responsibility. Some were concerned that trading choice of their physician for more cost effective care would mean losing a close doctor-patient relationship.

One suggested innovative approach was to establish “mutual insurance companies that would compete and use the market to provide coverage for all. All the profit should go to the ‘members’. Under this market option the individual beneficiaries would also be the members of the organization who would get any ‘profit’ in a non-profit arrangement.”

Just under a majority (45 percent) indicated they were willing to pay more for greater freedom of choice; to applause, two-thirds (66 percent) agreed that the defense budget should be reduced; almost half (47 percent) indicated they were willing to pay more out of pocket to assure that everyone got coverage; a majority (51 percent) agreed that allied health professionals in rural areas should be paid

more in order to allow them to replace physicians for some of the higher cost of care currently provided; and over two-thirds (68 percent) agreed to give up expensive brand name drugs and higher cost treatments in exchange for less expensive clinically and medically tested care and generic drugs.

During the closing polling, participants indicated they highly valued guaranteeing all Americans health coverage and investing in public health programs in order to better prevent disease and promote healthy lifestyles. Seventy-seven percent of participants indicated a willingness to pay more so that everyone could receive health care. When asked to select the most important method of ensuring access to all Americans, over half of participants (54 percent) picked creating a national health insurance program through the tax system to cover all Americans.

Finally, participants suggested several headlines from the day to share with Congress:

*"Let Americans have the same coverage as Congress has."*

*"Cut defense spending; invest in health care."*

*"Universal, portable, nonprofit and comprehensive health care."*

## METHODOLOGY

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Participants at the meeting sat at tables of eight to ten people, each with a volunteer facilitator. The meeting format was a mix of table-level discussion, reporting table findings to the full group, quick surveys using electronic keypads and full group discussion sessions. Main points from the table discussions were called-out to the full group and displayed on a screen. Participants answered questions and ranked choices using key pads after which the results were displayed. Findings from these polls formed the basis for full group discussion. Complete polling data from this meeting is available online at [www.citizenshealthcare.gov/reports](http://www.citizenshealthcare.gov/reports)

## PARTICIPATION

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The Citizens' Health Care Working Group San Antonio Community Meeting was held April 19, 2006 from 5:30-9:00 p.m. at the San Fernando Cathedral, with over 140 in attendance. Rosie Perez, R.N. represented the Working Group at the meeting. The host for the meeting was CRISTUS Santa Rosa Health Care. Don Beeler, President and CEO of CRISTUS Santa Rosa Health Care, began the meeting citing some of the particular health circumstances of Texas. Beeler stressed the importance of participants contributing their voices to improving the health care system. Carolyn Lukensmeyer, President of *AmericaSpeaks*, moderated the meeting.

Participants at the meeting were diverse: just under half (42 percent) were Hispanic; there were equal numbers of men and women; 63 percent were Caucasian/white with a sizable number (20 percent) identifying themselves as "multicultural" or "other". Fifty-three percent were between the ages of 45-64; most were college

graduates (79 percent) and a majority had graduate or professional degrees (56 percent); the remaining participants indicated that they had “some college” (11 percent), were high school graduates (4 percent) and a few had less than high school (3 percent – note that some participants brought their children). Two-thirds, (69 percent) were employed full-time or self-employed; a few (4 percent) indicated they were unemployed. Almost all (89 percent) had some form of health insurance; most through their employers (62 percent) although some purchased individual coverage (8 percent), had Medicare (11 percent) or no insurance (11 percent).

Several local journalists attended the San Antonio meeting. To view some of the articles about the meeting, please visit:

<http://www.mysanantonio.com/news/metro/stories/MYSA041806.1B.healthforum.d5ceaaa.html>

<http://www.mysanantonio.com/news/politics/stories/MYSA042006.01B.HealthForum.17f1ae8b.html>

## DATA

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### Are you male or female?

50.4%	Male
49.6%	Female

### How old are you?

8.4%	Under 25
22.9%	25 to 44
52.7%	45 to 64
16%	Over 65

### Are you Hispanic or Latino?

42.4%	Yes
57.6%	No

### Which of these groups best represents your race?

63.2%	White
3.8%	Black or African American
1.5%	Asian
0.0%	Native Hawaiian or Pacific Islander
6.8%	Native American or Alaska Native
11.3%	Multi-racial
9%	Other racial background
4.5%	Decline to answer

### What is the highest grade or year of school you completed?

2.9%	Elementary (grades 1 to 8)
0.0%	Some high school
3.6%	High school graduate or GED
10.9%	Some college
3.6%	Associate Degree
22.6%	Bachelor's Degree
56.2%	Graduate or professional degree
0.0%	Decline to answer

### What is your primary source of health care coverage?

61.7%	Employer-based insurance
8.3%	Self-purchased insurance
5.3%	Veterans'
10.5%	Medicare
0.0%	Medicaid
3.8%	Other
10.5%	None
0.0%	Not sure

**What is your employment status?**

11.7%	Self-employed
56.9%	Full-time employed
9.5%	Part-time employed
3.6%	Not employed / currently looking
0.7%	Homemaker
17.5%	Other /Retired

**Which one of these statements do you think best describes the U.S. health care system today?**

60.3%	It is in a major state of crisis
33.8%	It has major problems
4.4%	It has minor problems
0.0%	It does not have any problems
1.5%	No opinion

**Should it be public policy that all Americans have affordable health care coverage?**

95.5%	Yes
4.5%	No

**Which value is most fundamental to our health care system?**

3.1%	Parity of Coverage across illnesses
35.1%	Universal affordable health care for everyone-including illegal immigrants
2.3%	Health care quality and timely
7.6%	Single payer - simplicity
9.9%	Prevention / Wellness
15.3%	Universal access with choice of providers
10.7%	Promote health care access as a right
7.6%	Personal responsibility
1.5%	Education and understanding about the need for insurance
6.9%	Effective care clinically and cost

**Which of these models would be the better way to provide coverage?**

7.1%	Providing coverage for particular groups of people
92.9%	Defined level of services for everyone

**What kinds of difficulties have you had in getting access to health care services? And which of these kinds of difficulties is the most important to address?**

32.8%	Inability to pay
1.7%	Employers are getting pinched
9.5%	Not uniform access across the city or nation
15.5%	Navigating the system to obtain access
22.4%	Cost of care
0.9%	Cost of medicines
1.7%	Accessibility to specific services – lab
0.9%	Access to preventive medicine via sliding scales
7.8%	Lack of access to local clinics providing primary and ongoing care
6.9%	Insufficient education to prevent chronic disease

**Should everyone be required to enroll in basic health care coverage - either private or public?**

72.6%	Yes
27.4%	No

**Should public policy continue to use tax rules to encourage employer-based health insurance?**

13.7%	Yes
37.9%	No
48.4%	Abstain

**Please indicate your level of support for this trade-off: Pay more for freedom of choice**

20.3%	Strongly Disagree
16.5%	Disagree
19.0%	Neutral
26.6%	Agree
17.7%	Strongly Agree

**Please indicate your level of support for this trade-off: Trade \$250 in defense budget for health care for all Americans**

24.0%	Strongly Disagree
5.0%	Disagree
5.0%	Neutral
5.0%	Agree
61.0%	Strongly Agree

**Please indicate your level of support for this trade-off: Pay more out-of-pocket in order to allow for broader coverage**

11.0%	Strongly Disagree
15.0%	Disagree
27.0%	Neutral
30.0%	Agree
17.0%	Strongly Agree

**Please indicate your level of support for this trade-off: Insurance companies should pay physicians assistants and nurses the same rate as physicians in order to serve more rural/underserved areas**

23.8%	Strongly Disagree
19.0%	Disagree
6.0%	Neutral
33.3%	Agree
17.9%	Strongly Agree

**Please indicate your level of support for this trade-off: Give up choice of doctors in order to make sure that everyone gets basic preventative care**

16.2%	Strongly Disagree
16.2%	Disagree
14.3%	Neutral
29.5%	Agree
23.8%	Strongly Agree

**Please indicate your level of support for this trade-off: Give up high cost treatment, technology, and brand name drugs in exchange for lower-cost treatments and generic drugs**

9.6%	Strongly Disagree
5.3%	Disagree
17.0%	Neutral
38.3%	Agree
29.8%	Strongly Agree

**Considering the rising costs of healthcare, what should be the most important priority for public spending in order to reach the goal of “health care that works for all Americans? Which is your first priority?**

0.9%	Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
23.4%	Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
47.7%	Guaranteeing that all Americans have health coverage
0.9%	Funding the development of computerized health information to improve the quality and efficiency of health care
0.9%	Funding programs that help eliminate problems in access to or quality of care for minorities
0.9%	Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
16.8%	Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
8.4%	Preserving Medicare and Medicaid

**Considering the rising costs of healthcare, what should be the most important priority for public spending in order to reach the goal of “health care that works for all Americans? Which is your second priority?**

9.9%	Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
36.0%	Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
18.0%	Guaranteeing that all Americans have health coverage
5.4%	Funding the development of computerized health information to improve the quality and efficiency of health care
4.5%	Funding programs that help eliminate problems in access to or quality of care for minorities
4.5%	Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
17.1%	Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
4.5%	Preserving Medicare and Medicaid

**Considering the rising costs of healthcare, what should be the most important priority for public spending in order to reach the goal of “health care that works for all Americans? Which is your third priority?**

- 13.5%      Guaranteeing that there are enough health care providers, especially in areas such as inner cities and rural areas
- 8.1%      Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
- 8.1%      Guaranteeing that all Americans have health coverage
- 3.6%      Funding the development of computerized health information to improve the quality and efficiency of health care
- 16.2%      Funding programs that help eliminate problems in access to or quality of care for minorities
- 11.7%      Funding biomedical and technological research that can lead to advancements in the treatment and prevention of disease
- 22.5%      Guaranteeing that all Americans get health care when they need it, through public “safety net” programs (if they can not afford it)
- 16.2%      Preserving Medicare and Medicaid

**How much more would you personally be willing to pay in a year to support efforts that would result in every American having access to affordable, high quality health care coverage and services?**

- 8.4%      \$0
- 15.0%      \$1 - \$99
- 23.4%      \$100 - \$299
- 19.6%      \$300 - \$999
- 18.7%      \$1000 or more
- 15.0%      Don't know

**If you believe it is important to ensure access to affordable, high quality health care and services to all Americans, which of these proposals would you suggest for doing this?**

- 1.9%      Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase private health insurance on their own
- 4.9%      Expand state government programs for low-income people, such as Medicaid and the State Children's Health Insurance Program, to provide coverage for more people without health insurance
- 4.9%      Rely on free market competition among doctors, hospitals, other health care providers, and insurance companies rather than having government define benefits and set prices
- 5.8%      Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program
- 3.9%      Expand current tax incentives for employers and their employees to encourage employers to offer insurance to more workers and families
- 1.9%      Require businesses to offer health insurance to their employees
- 1.0%      Expand neighborhood health clinics
- 54.4%      Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance
- 19.4%      Require that all Americans enroll in basic health care coverage, either private or public
- 1.9%      Increase flexibility afforded states in how they use federal funds for state programs -- such as Medicaid and S-CHIP -- to maximize coverage

**Did you learn anything new today?**

79.8%	Yes
20.2%	No

**Have your opinions changed at all since you walked in this room?**

41.7%	Not at all
31.5%	A little bit
20.4%	Some
6.5%	A lot

**Overall, how do you rate today's meeting?**

0.0%	Very Poor
2.8%	Poor
17.8%	Okay
41.1%	Good
38.3%	Excellent

## STAYING INVOLVED

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Through the Citizens' Health Care Working Group website, we have made it possible for you to stay involved in the discussion – and to encourage others to get involved as well. Visit the website at [www.citizenshealthcare.gov](http://www.citizenshealthcare.gov) and:

- Download a **Community Meeting Kit** to plan a meeting for your family, friends, neighbors and co-workers.  
[www.citizenshealthcare.gov/community/mtg\\_kit.php](http://www.citizenshealthcare.gov/community/mtg_kit.php)
- Find a list of other cities hosting meetings and spread the word to friends and family in those cities to **Register for a Community Meeting** near them.  
[www.citizenshealthcare.gov/register](http://www.citizenshealthcare.gov/register)
- Add your opinions to three different polls in the **Public Comment Center**  
[www.citizenshealthcare.gov/speak\\_out/comment.php](http://www.citizenshealthcare.gov/speak_out/comment.php)
- Read what members of the Working Group and other Americans have to say by following the link on the homepage to the **Citizens' Blogs**.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Share your opinions on the future of health care by creating your own blog by following the link on the homepage to the **Citizens' Blogs**.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Join a growing group of individuals engaging in back-and-forth discussions on the **Discussion Forums** by following the link on the homepage.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Read **Community Meeting Reports** from other cities to see how opinions are shaping up across the country.  
[www.citizenshealthcare.gov/community/mtng\\_files/complete.php](http://www.citizenshealthcare.gov/community/mtng_files/complete.php)
- Stay tuned to the homepage for the Citizens' Health Care Working Group **Preliminary Recommendations** (available in early June) and get involved in the 90-day public comment period.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Stay tuned to the homepage for information on the **Final Recommendations** and the schedule of **Congressional hearings** to address those recommendations.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)

If you have additional ideas on how to get others involved, we would love to hear them. Please contact Jessica Federer at 301-443-1521 or [jessica.federer@ahrq.hhs.gov](mailto:jessica.federer@ahrq.hhs.gov).